

National Center for Complementary and Alternative Medicine

Workforce Plan: FY 2002-2003

1. What skills are currently vital to the accomplishment of the agency's goals and objectives?

As a new and rapidly growing Center with many Congressional mandates, NCCAM has systematically reviewed Center activities with an eye to focusing its efforts toward expanding options for healthcare and applying an uncompromising standard of excellence in scientific study and evaluation of healthcare practices and products derived from many rich traditions.

The Center's first Five-Year Strategic Plan, "Expanding Horizons of Healthcare," embodies the principles of exploring complementary and alternative healing practices in the context of rigorous science, educating and training complementary and alternative medicine (CAM) researchers, disseminating authoritative information to the public and professionals, and facilitating the integration of CAM and conventional healthcare delivery.

The composition of our long-term workforce plan addresses the establishment of the first NCCAM intramural clinical research program; creation of a multifaceted international research global enterprise, and recruitment of an unusually diverse extramural staff to meet the vast range of scientific and clinical issues that constitute complementary and alternative medicine. It sharply refocuses and expands the purview of science policy and analysis, and strengthens our response to the legislative mandate for dissemination of health information and scientific education liaison efforts to enhance public understanding about CAM research supported by NIH. To this end, the Center must:

- ❑ Create the NCCAM Intramural Research Program (IRP) to provide a critical mass of CAM research that will stimulate collaboration with other NIH Institutes and Centers, our Federal research partners, and other research institutions. The IRP will also provide an important focus of training opportunities for future CAM researchers that will incorporate alternative medicine practices, train post-doctoral fellows and others in CAM-specific study techniques and methodology, introduce quality of alternative medical care at the NIH, and add to the cadre of researchers committed to its study.
- ❑ Design and build the newly created science policy program to oversee not just legislative policy issues, but to critically evaluate the impact and outcomes of NCCAM scientific initiatives in the context of rigorous science. This issue is particularly important for NCCAM because of the lack of scientific experience of the CAM research community and the rather large investments made by NCCAM in Centers as nodes for research infrastructure.
- ❑ Establish a comprehensive communications program to disseminate authoritative information to the public and scientific professionals. This is critical to the expansion and enhancement of the legislatively mandated information clearinghouse, CAM fact sheets, a website that is visited already over 6 million times a year, additional Town Meetings, and many more activities aimed at delivering reliable scientific information to consumers, practitioners, and investigators.
- ❑ Develop an international health research program and oversee a multifaceted international portfolio of research grants and contracts. This is critical for establishing a global NCCAM research enterprise and stimulating high-quality applications by both CAM and conventional investigators in the US and other nations that are home to unique and important CAM traditions and products.

- ❑ Create a clinical and regulatory affairs program to oversee and monitor the conduct of clinical trials in the area of CAM. This is critical for expanding the NCCAM extramural clinical research portfolio. Even more important will be the charge of this program to ensure that NCCAM's clinical research subjects are not be exposed to unwarranted risks by virtue of their participation in studies of products and modalities that , although ancient, lack preclinical or formal early phase evidence of safety.
- ❑ Re-design and expand the review program for basic and clinical research, training and career development grants in CAM. This is critical to keep pace with the rapid growth and breadth of applications to NCCAM, having increased over 16-fold already since 1999. It is imperative that only the most worthwhile grant applications are selected for funding based on rigorous peer review of their scientific merit. This is a formidable challenge for as new a field as CAM research.
- ❑ Staff critical administrative infrastructure positions to serve as strategic partners in support of the business aspects of the scientific enterprise.

2. What changes are expected in the work of the agency (e.g., due to changes in mission/goals, technology, new/terminated programs or functions, and shifts to contracting out)? How will this affect the agency's human resources? What skills will no longer be required, and what new skills will the agency need in the next five years.

Because NCCAM is a relatively new NIH Center, it is still in the process of building its scientific, management and administrative infrastructure. Consequently, we do not have ingrained or antiquated systems, nor large groups of workers with obsolete job skills. A continuous assessment process has been designed and implemented to evaluate critical systems and staff needed to serve as strategic partners in support of the Center's scientific mission. Interim steps have been taken to enhance administrative and scientific program infrastructure by establishing partnerships and/or service center arrangements to streamline business activities

The extensive use of untested CAM practices by the public dictates that NCCAM make clinical research its highest priority and the centerpiece of its research portfolio. In this regard, the Center's approach differs significantly from that of the other NIH Institutes and Centers, which emphasize the discovery of new knowledge through basic research. In contrast, CAM consumers and healthcare practitioners want to know now whether available options are safe and effective. Thus, NCCAM is committed to the clinical study of promising CAM substances and modalities even before knowledge becomes available about their active ingredients, mechanisms of action, stability, and bioavailability.

As a result, NCCAM has already experienced and will continue to experience additional workloads unique to the character of CAM and the community we serve. NCCAM staff will have to nurture and guide new investigators not familiar with grantsmanship or other NIH processes. The funding of a large number of Centers and the expansion of Clinical Trials research will require increased staff intensive oversight and collaboration effort. The expansion of the portfolio of research initiatives will increase the need for internal reviews.

There will be an increased need for an outcomes-based evaluative process to ensure that our priorities match developments in the field as it matures and that they reflect an appropriate balance between pursuing scientific opportunity and addressing the healthcare needs of the public in promoting health and in preventing and treating disease.

Appropriate evaluation of CAM techniques and products will require that experts in the use of a given CAM modality are intimately involved in the design, conduct, and oversight of these studies. There will be a need to explore long- and short-term staffing alternatives focused on building a cadre of talented, committed professionals with strong scientific underpinnings that will add dimension and depth to our scientific research administration intellectual capital and research program analysis capabilities.

3. What recruitment, training, and retention strategies are being implemented to help ensure that the agency has, and will continue to have, a high-quality, diverse workforce?

Our ability to achieve our research goals is dependent on the availability of a critical mass of research and administrative staff. NCCAM has employed national recruitment efforts for all senior leadership positions. Recruitment and retention bonuses will be used to attract and retain the best and the brightest staff. Training and mentoring of staff at all levels of the organization are strongly encouraged and supported.

4. How is the agency addressing expected skill imbalances due to attrition, including retirements over the next five years?

Assessment of projected retirement eligibility shows that the Center could lose up to 17% of its professional scientific staff and 12% of its administrative support members over the next 4 years. These forecasts have been factored in to the staffing strategy for the Center.

Emphasis will be placed on hiring and developing junior staff members who can grow into more senior level positions through a system of formal mentoring initiatives and individualized competency development initiatives in support of succession planning.

The Center will also attempt to leverage the resources and expertise of our colleagues in other ICs through strategic partnerships and collaborations to advance our research agenda.

5. What challenges impede the agency's ability to recruit and retain a high-quality, diverse workforce?

NCCAM experiences problems similar to those experienced by other ICs in attracting staff with the requisite scientific background and experience needed to promote and sustain our research program. A unique challenge is to find individuals who are trained in some CAM modality and in exacting biomedical science. These fields typically do not attract the same kinds of people.

6. Where has the agency successfully delegated authority or restructured to reduce the number of layers that a programmatic action passes through before it reaches an authoritative decision point (e.g., procuring new computers, allocating operating budgets, completely satisfying a customer's complaint, processing a benefits claim, and clearing controlled correspondence)? Where can the agency improve its processes to reduce the number of layers that a programmatic action passes through before it reaches an authoritative decision point? Please provide at least two examples of each.

Because NCCAM is a new NIH Center, it is still in the process of building its scientific management and administrative infrastructure. As a consequence, there have not been extensive delegations of authority. The focus has been on filling key management positions; establishing effective leadership, management, and administrative practices; and streamlining and automating business activities based on benchmarking best practices. One key principle in NCCAM's staffing plan, however, is the creation of a horizontal rather than vertical organization, thereby avoiding multiple tiers of reporting requirements.

7. What barriers (statutory, administrative, physical, or cultural) has the agency identified to achieving workforce restructuring?

The protracted hiring restrictions for senior level appointments has already resulted in the loss of viable candidates for critical slots. This is a more formidable problem for NCCAM than for most ICs because the workforce is still new, evolving, and incomplete.

NCCAM Hiring Plans for FYs 2002/2003

	FY 2002	FY 2003	Total
INTRAMURAL			
Senior Investigators ¹	0	0	0
Investigators ¹	2		2
Other MD/PhDs, in FTE positions	5	2	7
Other MD/PhDs in non-FTE positions (IRTA, VF)	3		3
Other lab/clinical staff => GS-13	0	0	0
Other lab/clinical staff =< GS-12	5	2	7
Admin/support staff => GS-13	0	0	0
Admin/support staff =< GS-12	0	0	0
Infrastructure support => GS-13	0	0	0
Infrastructure support =< GS-12 ²	0	0	0
Summer and other temps not listed above (include summer IRTAs)	0	0	0
TOTAL INTRAMURAL	15	4	19
EXTRAMURAL			
HSAs/SRAs and other senior level science administrators => GS-13	4	3	7
Other science administration positions =< GS-12	11	7	18
Grants Management and R&D Contract Staff => GS-13 ³	0	0	0
Grants Management and R&D Contract Staff =< GS-12 ³	3	2	5
Administrative and support staff => GS-13	0	1	1
Administrative and support staff =< GS-12	9	2	11
Infrastructure support => GS-13	0	0	0
Infrastructure support =< GS-12 ²	0	0	0
Summer and other temps not listed above	2	2	4
TOTAL EXTRAMURAL	29	17	46
IC TOTAL	44	21	65
¹ Using OIR professional designations			
² Include all wage grade positions related to infrastructure in this group			
³ Includes 1101, 1102, 301 and 303 series where individual is engaged in these activities on a full-time basis.			